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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED JUL 30 1945

State File No. 24893 / 1

Registration District No. 317 Primary Registration District No. 6-76 Registrar's No. 1831

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County St Louis

(b) City or town So. Kinloch (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 20 yrs years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Louis 96

(c) City or town S Kinloch Park (If outside city or town limits, write "RURAL") 0

(d) Street No. Lyons (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

**3. (a) PRINT FULL NAME** MARY Bowden

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex male 3 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Noah V. Bowden 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 15 (Day) 1894 (Year)

**8. AGE:** Years 51 Months 1 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Marain Alb. (City, town, or county) U.S.A. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

FATHER
12. Name Hena Reed
13. Birthplace Tampa Fla (City, town, or county) U.S.A. (State or foreign country)

MOTHER
14. Maiden name Eliza Perry
15. Birthplace Georgia (City, town, or county) U.S.A. (State or foreign country)

16. (a) Informant Ardelia Wells

(b) Address Lyons St. So. Kinloch

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 21 (Day) 45 (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Boyd Bros Funeral Hm

(b) Address Cif & Stamp So. Kinloch Mo

19. (a) 7-23-45 (Date received local registrar) (b) E.G. McGannon M.E. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 17 year 1945 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 15-2 1945 to July 17 1945; that I last saw her alive on July 17 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 5 days

Due to .....

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. A. Rainey (M. D. or other) M.D.

Address ..... Date signed 7/19/45

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....3522

P. O. Address.....3704 Finney ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**